

Borough of Dukinfield.

EDUCATION COMMITTEE.

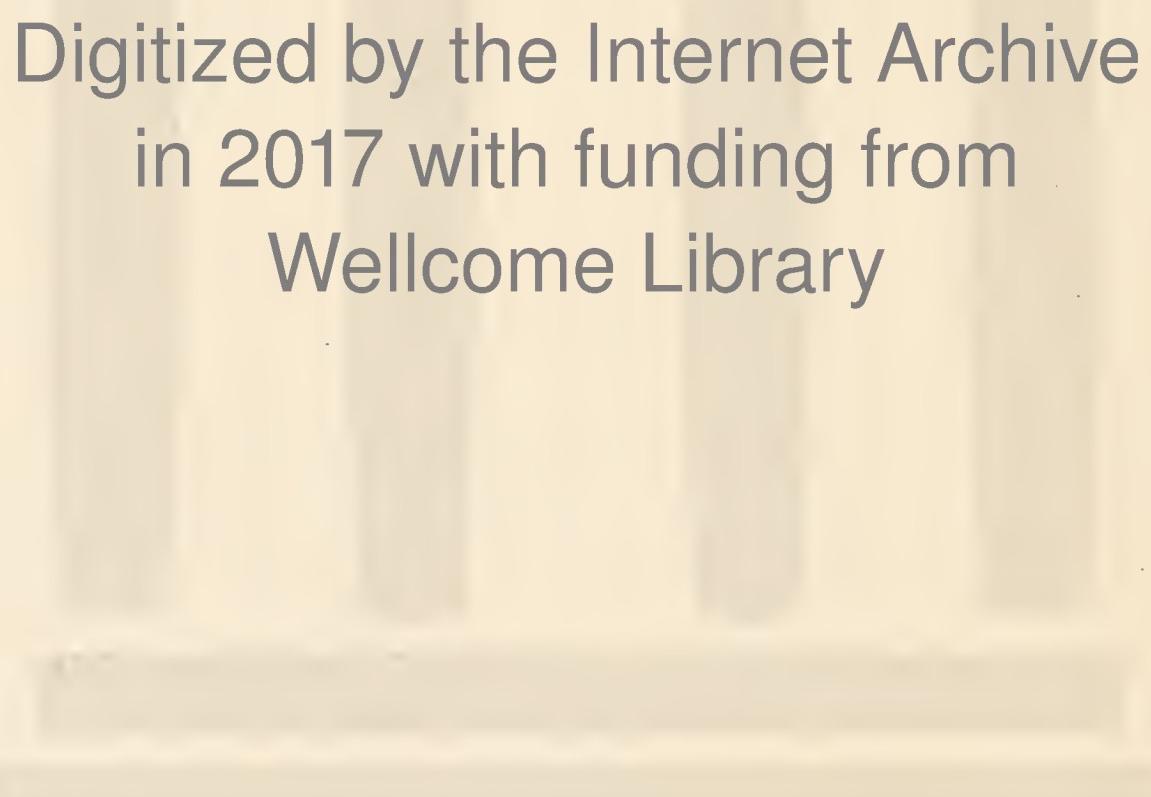
**ANNUAL REPORT
OF THE
SCHOOL
MEDICAL
OFFICER**

1937.

COLIN STARKIE,

M.B., Ch.B., M.R.C.S., L.R.C.P., B.Sc., D.P.H.





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TOWN HALL.

DUKINFIELD.

January, 1938.

Education Committee

Chairman—Alderman SIR CHAS. H. BOOTH.

Deputy Chairman—Alderman J. COOKE.

THE MAYOR (Councillor A. BOWN).

Alderman A. ASHTON.

„ G. SAXON.

Councillor F. D. ASHTON.

„ W. BROADBENT.

„ H. BROWN.

„ W. COOKE.

„ A. KENYON.

„ G. R. MARSHALL.

„ J. PEMBERTON.

„ E. R. SANDERS.

„ S. SHIRLEY.

Mrs. G. HINCILIFFE (co-opted member).

Representing Non-Provided Schools :

REV. H. CRABTREE.

REV. J. QUINN.

REV. E. P. TYSON.

Mr. E. HADFIELD.

Representing Teachers' Association :

Mr. E. E. SHAW.

Representing Trades' Council :

Mr. G. LICKFOLD.

Secretary to the Education Committee :

Mr. NORMAN HIGH.

School Medical Staff.

School Medical Officer :

COLIN STARKIE,
M.B., Ch.B., M.R.C.S., L.R.C.P., B.Sc., D.P.H.

Ophthalmic Surgeon :

W. E. LAWSON, M.B., D.P.H.

School Dental Officer :

J. C. PAYNE, L.D.S.

Consulting Orthopædic Surgeon :

H. POSTON, M.B., M.Ch.

School Nurses :

Nurse S. V. DAVIS, S.R.N.
Nurse H. M. THOMAS, S.C.M.

Masscuse :

M. BREARLEY, C.S.M.M.G.

Report.

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE.

Mr. Chairman. Mrs. Hinchliffe and Gentlemen,

I have the honour of presenting my fifth Annual Report upon the Health of the Dukinfield School Children.

A close study of the tables included in the report will give some indication of the variety and scope of the present day School Medical Services, and the reader will be led to realise that the aim of the services is threefold, namely :-

- (a) To seek out and remedy any ill health.
- (b) To discover the reason for and cause of any ill health.
- (c) And most important of all, to prevent ill health in the school population.

The subjects under special consideration during the year have been :-

1. *Nutrition.* (page 12).

It is regrettable to note that nearly one quarter of the school children show sufficient signs of ill health as to cause them to be in the undernourished group.

2. *The Dental Clinic.*

A special report upon the dental services has been introduced at the request of the Board of Education. (page 20)

I wish to record my full appreciation and thanks to the members of the Education Committee, and to all who have interested themselves in, and helped to improve, the health of the school children of this Borough.

I am,

Yours obediently,

COLIN STARKIE,

School Medical Officer.

Statistical Summary

School Accommodation	...	...	...	...	...	3413
Average number on rolls (31st December, 1937)						2400
Average Attendance	...	...	...	...	...	2172
Number of "Routine" Inspections	...	...	...	...	...	1278
Number of Special Inspections	...	...	...	...	...	2802
Number of Re-inspections	...	...	...	...	...	1755
Total Number of Inspections	...	...	...	...	...	5835
Number of children found to require Treatment at the Routine Inspections	...	...	...	...	...	340
Number of Visits to Schools by S.M.O	...	...	...	...	...	55
Number of Visits to Schools by Nurses	...	...	...	...	...	123
Number of Visits to Homes by Nurses	...	...	...	...	...	643
Number of Cases Treated at the Clinic	...	...	...	...	...	1850
Number of Attendances at the Clinic for Treat- ment	...	...	...	...	...	8762
Number of Children excluded for Verminous Conditions (Nits and Lice)	...	...	...	...	...	14

Co-ordination

The closest co-operation has existed throughout the year between the School Medical Services and the Public Health Services, particularly with respect to the prevention, investigation, and treatment of infectious and contagious diseases.

The teaching staffs have offered all facilities to the School Medical Service for the inspection of school children, and for the adequate treatment of minor ailments at the School Clinic.

School Hygiene

The condition of some school buildings has been improved by re-painting and decorating, and two wash basins, supplied with cold water, have been installed at the School Canteen.

Unfortunately many of the unsatisfactory conditions detailed in the Annual Report for 1936 still exist.

MEDICAL INSPECTION

As in former years, four groups of school children have been inspected, viz.: *Entrants*—i.e., children within the first twelve months of their school life. *Intermediates*, or those children who are in their ninth year. *Senior Children*—i.e., children who are in their twelfth year, and *Leavers*, children aged thirteen years and over.

The slight alteration of the code groups with the extra group at thirteen years of age, enables the children to be inspected at the time when they change from the junior to the senior schools, and also just before they finally leave school.

This system will be discarded during the next year in favour of the original three routine group method, i.e. all *Entrants*, or children within the first year of school life, *Intermediates* or children in their ninth year, and *Leavers*, i.e. children in their thirteenth year.

This alteration is to be effected in accordance with the suggestions of the Board of Education's Medical Inspector,

The Medical Officer has made fifty-five visits to the schools for the purpose of routine inspections and has examined about twenty-five children at each visit.

Parents are always encouraged to be present at the routine inspections, and during the year 491 attended with their children.

ARRANGEMENTS FOR TREATMENT,

The local authority provides for the treatment of:-

- Minor ailments.
- School accidents.
- Diseased tonsils and adenoids.
- Defective vision.
- Eye operations.
- Dental defects.
- Orthopædic conditions.
- Debility (Ultra Violet Ray Therapy).

School Clinic.

KING STREET, DUKINFIELD.

	Morning.	Afternoon.
Monday	Dental Clinic. Home Visits.	Artificial Sunlight. Minor Ailments.
Tuesday	Medical Inspection Minor Ailments.	Artificial Sunlight. Ophthalmic Clinic.
Wednesday	Medical Inspection at the Schools.	Dental Clinic. Minor Ailments.
Thursday	Dental Clinic. Special Inspections	Minor Ailments. Baths.
Friday	Medical Inspection at the Schools. Orthopædic Clinic or Immunisation.	Medical Inspection. Minor Ailments. Orthopædic Clinic.

Findings of Medical Inspections.

MALNUTRITION.

In accordance with the suggestion of the Board of Education, all the children seen at the Routine Examinations have been classified, with respect to their nutrition, into the following groups :-

1. Excellent.
2. Normal.
3. Slight Subnormal.
4. Bad.

One thousand two hundred and eighteen children were examined of which 1% was found to be of Excellent Nutrition 73·6% were classified as Normal; 23·9% as Slightly Subnormal, and 1·4% as of Bad Nutrition.

A detailed analysis will be found on page

With respect to the determination of nutrition in accordance with the Board of Education's requirement great difficulty arises in discriminating between the "Normally" and "Slightly Subnormally" nourished child.

If those children who show *any one sign* of departure from *perfect health* are to be classed as "*Slightly Subnormal*" then about 90% of the children would be in this group. It would be reasonable to use this stringent test, but the Board has added the classification of "Excellent". If all children who were of optimum nutrition were put in the 'Normal' group then there would be no "Excellent" group, and the "Normal" group would be remarkably small.

As a compromise the following standards have been adopted :-

The "Excellent" group of children show no deviation from the optimum of health, and show no physical signs of having suffered from ill health in the past. They are what it is felt that children should be, when given sufficient rest, food of the right kind and quality, sufficient healthy exercise, and the best environment possible from birth until the time of examination.

The "Normal" group are those children with some physical defect, e.g. dental caries, blueness under the eyes, and signs of fatigue due to lack of sufficient rest, but whose general condition, weight, height, and firmness of tissue qualify them to be classed in the "Normal" group.

Those children showing a multiplicity of signs and symptoms of subnormal nutrition are classed as "Slightly Subnormal", unless their condition is so obviously bad as to warrant their inclusion in the "Poorly Nourished" group.

It will thus be seen that the figures for "Normal" children and "Slightly Subnormal" children, do not give the full extent to which the children of Dukinfield depart from perfect health.

Children age 3—6 years seem to be the most difficult to assess, possibly because they are only just showing the first signs of malnutrition. At that age they are just beginning to go about, and are becoming "wilful" and in many cases difficult to manage, especially about going to bed. The accumulated hours of missed rest seems to be taking effect.

There are many instances where the children have received insufficient food of the right kind owing to the circumstances of the parents.

The group of children under examination in 1937 was better as regards nutrition than that of the previous year.

Once more the multiplicity of causes of malnutrition must be stressed, and once more the prominent part played by lack of sufficient rest must be emphasised.

Provision of Meals.

THE SCHOOL CANTEENS.

The two wash basins provided at the Bates Street Canteen now enables the children to obtain a wash during the mid-day break. Cold water only is available, which may prevent full use of the facilities provided especially in cold weather.

All children receiving free dinners, now receive free milk also, in the middle of the morning.

In addition to white bread, wholemeal bread is provided, and on three days of the week, each child receives a portion of fresh fruit after the main part of the meal.

The number of children benefiting from this service throughout the year was 134, and 27,959 meals were provided

MILK IN SCHOOLS.

Number of children receiving free milk...	280
Number of children under 5 years receiving free milk	30
Total number of children receiving milk daily...	1283

Uncleanliness.

The level of general cleanliness in the schools has been well maintained, but only as a result of the constant teaching, supervision and vigilance on the part of the Teaching and School Medical Staffs.

Three compulsory baths had to be taken at the school clinic, 14 children had to be excluded from school on account of the verminous condition of their hair, 305 children were found to have vermin in their hair, and 22 were found to have them in on more than one occasion.

All those who have realised the unnecessary risk of contagion, and the unpleasantness of a single unclean child in a class, have co-operated wholeheartedly with the medical staff in trying to remedy the evil. It is only the supervision exercised by the teaching staff which prevents certain children from coming to school with clothing, hair and skin in such a state as to be unhealthy and unpleasant for their classmates.

CHILDREN FOUND WITH VERMINOUS HEADS
(NITS, Etc.).

School.	Number Examined.	Vermin found in	Percentage found verminous.
Crescent Road Boys...	1595	1	.06
St. Mark's Infants	482	7	1.45
St. John's ...	1430	29	2.02
Wharf Street :	146	3	2.05
Victoria Road...	223	5	2.24
Globe Lane	932	24	2.57
St. Mark's...	884	23	2.60
Old Chapel	708	24	3.38
Moravian ...	777	27	3.47
Lakes Road Girls...	1457	59	4.04
Old Chapel Infants	584	30	5.13
Crescent Road Infants	580	30	5.17
St. Mary's R.C. ...	965	50	5.18

MINOR AILMENTS AND DISEASES OF THE SKIN.

There were 374 children found during the routine inspections to require treatment other than for dental defects and uncleanliness.

Many of the conditions found, particularly those affecting the scalp, skin and eyes, could have been prevented if adequate attention had been paid to personal cleanliness and nutrition. The number of accidents occurring in schools approximates that of last year, i.e., there were 107.

Visual Defects and External Eye Diseases.

The defects of vision found during the year numbered 96 as compared with 68 last year, and 36 cases of external eye diseases were recorded against 82 last year.

The percentage of school children wearing spectacles was 8.79%—i.e. 190 individual children.

Distribution of Visual Defects.				Percentage of Group Examined.
Group.	Boys.	Girls.	Total.	
Entrants	23	12	35	8.8
Intermediates	16	18	34	13.4
Leavers	14	13	27	10.9

The method of examination alters the percentage for Entrants because, at this age group, only cases referred by the teachers are examined for visual acuity, but all the children in the other age groups are examined as a routine procedure.

Ophthalmic Clinic.

Number of Children Notified to attend	787
Specials sent by teachers	78
Absent	81

Errors of Refraction.

Alternating Squint	...	...	...	...	...	...	...	...	1
Tuberculosis Uveitis	...	...	...	...	...	...	...	...	1
Myopia	...	...	...	...	...	...	...	...	13
Myopic Astigmatism	...	...	...	...	...	...	...	...	16
Hypermetropia	...	...	...	...	...	...	...	...	3
Astigmatism Hypermetropic	...	...	...	...	...	...	...	...	10
Mixed Astigmatism	...	...	...	...	...	...	...	...	3
Squint Hypermetropia	...	...	...	...	...	...	...	...	28
High Myopia	...	...	...	...	...	...	...	...	1
Compound Hypermetropic Astigmatism	...	...	...	...	...	...	...	...	5
High Myopic Astigmatism	...	...	...	...	...	...	...	...	3
Total	...								<u>84</u>

Cases referred for Orthoptic Treatment.

Squint (Attending Manchester Eye Hospital)	4
Others (Attending the Jewish Hospital)	1

Routine Inspections.

No Examined	6/6	6/9	6/12	6/18	6/24	6/36	9/60
Boys	...	345	325	11	8	0	0
Girls	...	399	377	15	2	1	1
Total Number examined for Vision							744
Number of Squints							30
6/6 and 6/9							97.8%
6/12 or worse							2.2%

Nose and Throat Defects.

The lack of fresh air and sunlight, the presence of atmospheric pollution and vitamin deficiency, together with the unhygienic houses and modes of life contribute in a very great measure to the persistence of catarrhal conditions of the nose, throat and upper respiratory passages.

The chronic catarrh stimulates the growth of the tonsils and the excessive enlargement of the adenoids, which cause some degree of obstruction to breathing.

These serious conditions are preventable, because it is within the power of civilised man to control atmospheric pollution, to provide against vitamin deficiency and to live a healthy life.

Tonsils and adenoids were operated upon in 31 cases, and adenoids only were removed in 1 case.

Ear Disease and Defective Hearing

Treatment was undertaken in 39 cases for various conditions of the ear, and 8 were recorded as healed, while 14 showed improvement.

The same treatment as was detailed in S.M.O.'s 1935 Report was followed out with similar results.

AURAL CLINIC.

	Boys.		Girls.		Total.
Total Referred Cases	27	.....	16	.....	43
Cerumen	3	.....	5	.....	8
Otitis Media...	22	.....	9	.....	31
Attending Elsewhere	2	.....	2	.....	4

Results of Treatment.

Cured ... ... ... ...	...	...	...	...	8
Improved ... ... ... ...	...	...	...	...	14
Attending Elsewhere ... ...	...	...	...	...	4
Stationary ... ... ... ...	...	...	...	...	17

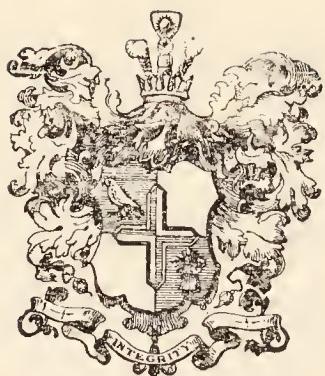
Dental Defects

The dental clinic has fully maintained its standard of work both in the treatment and education of the school children. However the work is severely handicapped by the small amount of time at the disposal of the Dental Officer, who attended during only three sessions per week to the dental health of 2400 children.

Under this system it is impossible to carry out an adequate amount of conservative work, or even to undertake all necessary extractions.

On account of the impossibility of performing all the dental operations required, some of the applications for dental treatment have to be refused. The difficulty of selecting those cases which can be treated is considerable, but it seems only reasonable to choose those children who will benefit most by the treatment received. These are the children of parents who appreciate the benefit of the dental service, and who help the dental officer by an intelligent interest in the work done for them. It is obviously unfair to neglect these children, as they would have to be neglected, if the Dental Officer treated all the casual cases of toothache in children whose parents have repeatedly refused, in the past, to have their children's teeth adequately cared for.

Knowing then that the dental officer cannot cope with all the work, and that some of the children will have to be left untreated, it has been the practice to leave untreated those children whose parents have refused dental treatment in the past. This is the only policy available with the present number of dental sessions, if the dental service is going to be anything more than a surgery for the extraction of aching teeth, an idea which is contrary to the views of prevention and conservative treatment as laid down by the Board of Education.



SCHOOL CLINIC,
DUKINFIELD,

193

Dear Sir or Madam,

Your child was examined in School to-day by the School Dental Officer and found to be in need of dental treatment.

Will you please state on the slip below whether you wish for such treatment to be undertaken at the School Clinic, and return the slip to the Head Teacher.

School Medical Officer.

TEAR OFF HERE

RETURN THIS TO THE HEAD TEACHER

Name.....

School

I desire dental treatment to be arranged at the School Clinic for my child, to which I hereby give my consent.

State 'Yes' or 'No'

Signed..... Parent or Guardian.

The form of notification as sent for parents to sign is reproduced on previous page. Unfortunately it is so phrased as to lead parents to the belief that immediate extractions are required, and no mention is made of the fact that refusal of treatment makes it impossible for their children to have dental treatment at the School Clinic at a later date.

What often happens is this :—

The parent asks the child if he or she will go to have a tooth out at the clinic, and on the child replying in the negative, the parent fills in the dental form refusing treatment. At a later date, sometimes two or three years later, the child is brought to the clinic, and the parent demands treatment for a raging toothache, due to an abscess on a tooth which should have been dealt with before it got into such a bad condition.

This happens so frequently that it is impossible to treat these casual cases for the reasons above stated, and the parents are justly surprised and annoyed that they did not know what their refusal meant in the first place.

Dental Clinic

	Number examined.	C.	-4	+4	Total Defects.
Boys	600 ...	143	341	116	457
Girls	618 ..	194	328	96	424
					881
Parents present at routine inspections				... 491	
Percentage of refusals of Dental Treatment				13.4%	

Percentage of children found to require Dental Treatment:—

1.	Entrants	... ...	Girls	...	63.3
			Boys	...	89.1
2.	Intermediates	... ...	Girls	...	77.5
			Boys	...	79.6
3.	Leavers	... ...	Girls	...	45.5
			Boys	...	53.5

Orthopædic and Postural Defects.

This clinic continues to do good work, especially in the treatment of chest deformities and malpostures.

The treatment for each person is prolonged, because faulty muscular action or muscular weakness, brought about by years of bad habits, cannot be corrected within the space of only a few weeks.

The Orthopædic Specialist has paid six visits to the clinic and the Masseuse and Medical Gymnast Instructress has been in weekly attendance during the school terms

Orthopædic Clinic.

Cases referred for Treatment.

Attending other Hospitals	...	...	...	3
Attending own Doctor	...	...	...	1
Paralysis	...	...	...	5
Spinal Curvatures	...	...	...	13
Scoliosis	...	...	...	11
Postural Stoops	...	...	...	13
Geno Valgum	...	...	...	25
Genus Varus	...	...	...	5
Anterio Poly...	...	...	...	6
Pes Planus	...	...	...	11
Curved Tibia	...	...	...	1
Tuberculosis in Knee	...	...	...	1
Osteo Myelitis	...	...	...	2
Chest Deformities	...	...	...	14
Other Deformities	...	...	...	10
Hip Deformities	...	...	...	3
Ganglion	...	...	...	2
Kyphosis Lordosis	...	...	...	4
Lumbar Kyphosis	...	...	...	1

Results of Treatment.

Discontinued Treatment	...	...	...	...	...	8
Left School	...	...	...	...	...	23
Recovered	...	...	...	...	...	12
Improved	...	...	...	...	...	56
Left District	...	...	...	...	...	6
No change	...	...	...	...	...	20
Changed to Other Schools	...	...	...	...	...	2
Total	...					<u>127</u>

HEART DISEASE AND RHEUMATISM

There have only been 8 cases of rheumatism during the year, and 9 new cases of cardaic lesions, and 7 cases of chorea

TUBERCULOSIS

In the Borough there are 10 children suffering from tuberculosis.

FOLLOWING UP

The same system as was in operation last year has been in force. The school nurses have made 643 visits to the homes of ailing children, and in certain cases of gross neglect the N.S.P.C.C. Inspector has rendered valuable assistance in securing for the children the care which it is their right to have.

N.S.P.C.C. CASES.

Families sent to Institutions...	...	0
Number of cases investigated	..	26

EMPLOYMENT OF CHILDREN AND YOUNG
PERSONS.

The number of applicants examined during the year...	60
Number for re-examinations	80

ULTRA VIOLET RAY CLINIC.

Total Children referred for Treatment	23
Rickets—Legs	0
,, Chest	0
Bronchitis	2
Anæmia	2
Debility	7
Alopecia	0
Glands—Neck	11
Malnutrition	0
Tuberculous Sinus	1
Number of Treatments	348
,, recovered	15
,, improved	6
,, discontinued	2

INFECTIOUS DISEASES.

Forty-six cases of Scarlet Fever, chiefly of the mild type, fifty-five cases of whooping Cough, and eighteen cases of Diphtheria were notified in the school population.

The investigation of diphtheria cases revealed two carriers.

The same system of notification, isolation, exclusion from schools and after treatment, has been in force as in previous years.

DIPHTHERIA IMMUNISATION.

Immunisation against Diphtheria has been offered free of charge to every child within the Borough.

For this purpose 37 sessions have been held at the School Clinic, and 11 visits have been made to schools.

The work has occupied much of the school nurses time and has necessitated many hours of "overtime" in order to carry out their ordinary routine school medical duties.

Up to date (March 1938) over 1150 children have received immunising injections against diphtheria.

No child who has received the full course of immunisation has contracted diphtheria, whereas diphtheria occurred in 37 non-immunised individuals, of whom 6 died from this disease.

LIST OF INFECTIOUS DISEASES OCCURRING IN
SCHOOL CHILDREN IN THE INDIVIDUAL
SCHOOLS.

School.	Scarlet Fever.	Chickenpox.	Measles	Mumps.	Pnuemonia.	Impetigo.	Scabies.	Whooping Cough.	Ringworm.	Diphtheria.	Encephalitis.	Influenza	Meningitis
St. Mary's R. C.	12	0	0	0	2	10	0	8	0	3	0	8	0
St. John's	4	3	0	3	3	13	1	11	3	1	0	83	0
St. Mark's	3	1	0	3	0	30	0	14	3	3	0	0	0
Globe Lane	4	2	1	0	2	20	0	0	6	2	0	68	0
Lakes Road	3	0	0	0	0	0	2	0	0	3	0	0	0
Victoria Road	1	1	0	0	0	9	0	0	0	1	0	7	0
Wharf Street	1	0	0	0	0	0	0	5	0	0	0	58	0
Old Chapel	8	2	0	0	0	8	2	2	3	3	0	0	1
Moravian	3	0	0	0	0	0	0	0	0	1	0	3	0
Crescent Road Infants	2	4	0	0	0	0	0	15	0	1	0	45	0
Crescent Road Seniors	5	0	0	0	0	26	0	0	6	0	0	106	0
Totals	46	13	1	6	7	116	5	55	21	18	0	378	1

Open-Air Education.

There are no open air schools in the borough, but organised games and physical training are carried on to as great an extent as facilities permit.

Football, cricket and netball are played on the playing-fields of Pickford Lane and Lakes Road Senior Girls School and in addition facilities are provided for the same games on the Clarendon Fields Playground.

PHYSICAL TRAINING

This important branch of education is gradually receiving more attention, as it is being realised that a healthy physique is in no way a secondary aim to academic training.

There has been no instructor appointed for physical training in this borough but an excellent gymnasium has been furnished at the Crescent Road Senior Boys' School.

The standard of physical training amongst the senior boys and girls in Dukinfield is commendably high.

This standard of training, together with the knowledge derived from education in hygiene, food values and domestic science, will go far towards the general improvement of nutrition in the community.

Co-operation of Parents, Teachers, School Attendance Officer and Voluntary Bodies.

It is only by the unceasing co-operation and mutual understanding that the best results of education can be obtained, and it is gratifying to note that this co-operation and understanding between the different sections of the educating system is increasing.

There are however, always a few individuals whose lack of foresight, or incapability make them rebellious to any offer of help for their children. These people are becoming fewer in number as the "health conscience of the community awakens.

The extra work which devolves on the teaching staffs in connection with the school medical services is undertaken willingly, and very much assistance is thereby given.

Blind, Deaf, Defective and Epileptic Children.

Children suffering from any of the above defects are brought to the notice of the School Medical Department through information received from :

- (a) Routine Inspections.
- (b) Teachers
- (c) Parents.
- (d) School Medical Officer.
- (e) N.S.P.C.C. Inspector.

No child was found to require treatment in a certified school for the blind.

There were several mild cases of deafness arising out of catarrhal conditions of the nose and throat.

There has been one new case of mentally defective child notified to the Local Authority.

During the last year 4 children have been examined on account of their apparent inability to learn at school, or because they were obviously mentally subnormal.

Nursery Schools.

The borough has no Nursery Schools but the work done by the nursery classes established in the infant schools is proving of great use and of interest to both teachers and parents alike.

The children who have been lucky enough to commence their education in a nursery school, will benefit by the good habits of mind and body which they have so easily developed under the trained guidance of the teachers.

It has been expressed by many mothers that they would allow their children to attend school at a much earlier age if there was a nursery school or nursery class in their neighbourhood.

Secondary Schools and other Institutions of Higher Education.

There no Secondary Schools in the Borough.

Parents' Payments.

Similar arrangements to those in operation last year have been in force, i.e., the fee charged has been on a very elastic scale, depending entirely upon the circumstances of the parents

Health Education.

The general state of cleanliness shown by the great majority of school children, reflects the good results of intensive health education. It is very evident that in all but rare instances, gross uncleanliness has disappeared from the schools.

Unfortunately there are still numerous instances of "minor" lack of cleanliness, particularly with regard to the condition of the teeth. It is only by more health education that the necessary improvements will occur.

The remarks made in the 1936 School Medical Officer's Annual Report are pertinent to the question of Hygiene Teaching and the difficulty of such education in unfavourable circumstances.

Statistical Tables.

TABLE I. Medical Inspection Returns.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	397
Intermediates	...	...	...	253
Leavers	...	...	...	246
				—
Total.	...	...	...	896
Number of other Routine Inspections				382
				—
Grand Total	...	...	...	1270
				—

B.—Other Inspections.

Number of Special Inspections ...	2802
Number of Re-inspections ...	1755
Total. ...	4557

C.—Children Found to Require Treatment

Number of *individual children* found at *Routine Medical inspection* to require Treatment (excluding, Defects of Nutrition, Uncleanliness and Dental Diseases) :—

Prescribed Groups:

Entrants ...	...	...	92
Intermediates ...	...	...	83
Leavers ...	...	...	76
Total (Prescribed Groups)			251
Other Routine Inspections ...			81
Grand Total ...			332

TABLE II.—Medical Inspection Returns.

**A.—Return of Defects found by Medical Inspection in the Year
Ended 31st December, 1937.**

DEFECT OR DISEASE. (1)	Routine Inspections		Special Inspections	
	No of Defects		No. of Defects	
	Requiring Treatment (2)	Requiring to be kept under ob-servation but not requiring treatment (3)	Requiring Treatment (4)	Requiring to be kept under ob-servation but not requiring treatment (5)
SKIN—				
Ringworm—Scalp	2	0	1	0
" —Body	1	0	17	0
Scabies	1	0	5	0
Impetigo...	16	0	100	0
Other Diseases (Non-Tuberculous)...	8	0	121	0
EYE—				
Blepharitis	4	0	2	0
Conjunctivitis	1	0	1	0
Ceratitis	0	0	0	0
Corneal Opacities	0	0	1	0
Other Conditions (excluding Defect- ive Vision and Squint)...	0	0	36	0
Defective Vision (excluding Squint)	8	15	73	9
Squint	30	0	0	0
EAR—				
Defective Hearing	0	0	4	5
Otitis Media	3	0	24	0
Other Ear Diseases	8	1	51	0
NOSE AND THROAT—				
Chronic Tonsillitis only	28	62	24	1
Adenoids only	6	11	0	0
Chronic Tonsillitis and Adenoids...	24	26	28	0
Other Conditions	7	0	49	1
ENLARGED CERVICAL GLANDS (non- Tuberculous).	36	58	28	0
DEFECTIVE SPEECH	1	0	0	1
HEART AND CIRCULATION—				
Heart Disease—Organic	2	0	0	2
" —Functional	10	11	0	10
Anaemia	3	10	0	1
LUNGS—				
Bronchitis...	42	8	9	0
Other Non-Tuberculous Diseases...	3	0	0	16
TUBERCULOSIS—Pulmonary—				
Definite...	0	0	0	1
Suspected	0	0	0	1
Non-Pulmonary—				
Glands	0	0	0	0
Bones and Joints	0	1	0	0
Skin	0	0	0	0
Other Forms	0	0	0	0
NERVOUS SYSTEM—				
Epilepsy	0	0	0	0
C orea	1	1	0	0
Other Conditions	2	0	0	0
DEFORMITIES—				
Rickets	40	11	3	0
Spinal Curvature...	8	1	2	0
Other Forms	22	0	0	0
OTHER Defects and Diseases (exclud- ing Defects of Nutrition, Un- cleanliness and Dental Dis- eases)	23	50	1000	0
TOTAL NUMBER OF DEFECTS	340	266	1579	39

**B....Classification of the Nutrition of Children Inspected
during the Year at the Routine Age Groups.**

Age Groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	397	4	1.0	270	68.0	120	30.2	3	0.8
Second Age-group	253	3	1.2	195	77.1	53	20.9	2	0.9
Third Age-group...	246	3	1.2	183	74.3	54	21.8	6	2.8
Other Routine Inspections	322	2	0.6	248	77.0	65	20.2	7	2.2
TOTAL	1218	12	1.0	896	73.6	292	23.9	18	1.4

TABLE III.
RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA.

Children suffering from Multiple Defects.

Children suffering from any combination of the following type of defect :-

- Blindness (excluding the partially-sighted children).
- Deafness (excluding the partially-deaf children).
- Medical Defect (Feeble-minded)
- Severe Epilepsy.
- Active Tuberculosis.
- Crippling
- Heart Disease.

COMBINATION OF DEFECT	At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At No School or institution	Total
Mental Defect and Epilepsy.	I	I	O	O	2
Paralysis, Epilepsy and Mental Defect...	C	O	O	I	I
Paralysis and Mental Detect	O	O	O	I	I

Blind Children.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class should be included in this section.

TABLE III. Continued

At Certified Schools for the Blind	...	...	o
At Public Elementary Schools	...	...	o
At Other Institutions	...	...	o
At no School or Institution	...	...	o
Total	...	...	o

Partially-sighted Children.

At Certified Schools for the Blind	...	...	o
At Certified Schools for the Partially Sighted	...	...	o
At Public Elementary Schools	...	...	o
At Other Institutions	...	...	o
At no School or Institution	...	...	o
Total	...	...	o

Deaf Children.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally deaf and can only be appropriately taught in a school for deaf children.

At Certified Schools for the Deaf	...	...	1
At Public Elementary Schools	...	...	o
At Other Institutions	...	...	o
At no School or Institution	...	...	o
Total	...	...	1

TABLE III.—Continued.

Partially Deaf Children.

Children who can appropriately be taught only in a school for partially deaf.

At Certified Schools for the Deaf	...	...	0
At Certified Schools for the partially Deaf			0
At Public Elementary Schools	...	...	7
At Other Institutions	...	...	0
At no School or Institution	...	...	0
			—
Total	...	...	7
			—

Mentally Defective Children—Feeble Minded Children.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

At Certified Schools for Mentally Defective Children		1
At Public Elementary Schools	...	1
At Other Institutions	...	0
At no School or Institution	...	1
		—
Total	...	3
		—

TABLE III.—Continued.

Epileptic Children.

Children suffering from severe Epilepsy.

At Certified Special Schools	...	...	I
At Public Elementary Schools	...	...	0
At Other Institutions	...	...	0
At no School or Institution	...	...	2
Total	...	...	<u>3</u>

PHYSICALLY DEFECTIVE CHILDREN.

A.—Tuberculosis Children.

1. *Children Suffering from Pulmonary Tuberculosis
(Including pleura and intra-thoracic glands.)*

At Certified Special Schools	...	...	I
At Public Elementary Schools	...	...	I
At Other Institutions	...	...	0
At no School or Institution	...	...	2
Total	...	...	<u>4</u>

2. *Children Suffering from Non-Pulmonary Tuberculosis.*

At Certified Special Schools	...	...	0
At Public Elementary Schools	...	...	6
At Other Institutions	...	...	0
At no School or Institution	...	...	I
Total	...	...	<u>7</u>

TABLE III.—Continued.

It is essential that tuberculosis children who are, or may be, a source of infection to others, should be promptly excluded from Public Elementary Schools.

B.—Delicate Children.

At Certified Special Schools	...	...	0
At Public Elementary Schools	...	...	22
At Other Institutions	...	...	0
At no School or Institution	...	...	0
Total	...	...	22
			—

C.—Crippled Children.

At Certified Special Schools	...	...	0
At Public Elementary Schools	...	...	2
At Other Institutions	...	...	0
At no School or Institution	...	...	0
Total	...	...	2
			—

D.—Children with Heart Disease.

At Certified Special Schools	...	...	0
At Public Elementary Schools	...	...	14
At Other Institutions	...	...	0
At no School or Institution	...	...	1
Total	...	...	15
			—

Medical Inspection Returns.

TABLE I.V.
TREATMENT TABLES.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI).

Disease or Defect (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN—			
Ringworm Scalp (i.) X-ray Treatm'nt	—	—	—
(ii.) Other Treatment ...	3	—	3
Ringworm—Body	17	1	18
Scabies...	6	—	6
Impetigo	113	3	116
Other Skin disease	123	6	129
MINOR EYE DEFECTS—			
(External and other, but excluding cases falling in group II.)	32	—	32
MINOR EAR DEFECTS			
	59	—	59
MISCELLANEOUS—			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	1000	—	1000
Total	1353	10	1363

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments.—Group I.)

	No. of Defects dealt with.		
	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Sqnint). Operations for Squint should be recorded separately in the body of the School Medical Officer's Report	84	4	88
Other Defects or Disease of the Eyes (excluding those recorded in Group I.)	50	—	50
Total	134	4	138
No. of Children for whom Spectacles were—			
(a) Prescribed	86	2	88
(b) Obtained	86	2	88

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.

Received Operative Treatment.				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total				Received other forms of Treatment	Total number treated.
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	—	23	—	—	—	8	—	—	—	31	—	3	34

(i) Tonsils only, (ii) Adenoids only, (iii) Tonsils and Adenoids, (iv) Other defects of the nose and Throat.

Group IV.—Orthopaedic and Postural Defects.

Under the Authority's Scheme				Otherwise						Total number treated
Residential treatment with education	Residential treatment without education	residential orthopædic clinic	Non-residential treatment	Residential treatment with education	Residential treatment without education	residential orthopædic clinic	Non-residential treatment			
Number of children treated	—	—	127	—	—	—	—	3	—	130

Table V.—Dental Inspection and Treatment.

(1) Number of Children inspected by the Dentist :—	(5) Half-days devoted to :—
(a) Routine Age-groups.	Inspection 11 Treatment 118
Age.	Total 129
3 11	
4 32	
5 95	
6 134	
7 146	
8 192	
9 139	
10 136	
11 152	
12 116	
12 82	
14 2	
	Total 75
	(6) Fillings :—
	Permanent Teeth ... 72
	Temporary Teeth ... 3
	Total 75
	(7) Extractions :—
	Permanent Teeth ... 193
	Temporary Teeth ... 1350
	Total 1543
(b) Specials 372	(8) Administration of general anaesthetics for extractions ... —
(c) Total (Routine and Specials 1609	Local anaesthetics ... 661
(2) Number found to require Treatment 1488	(9) Other Operations :—
(3) Number actually Treated... 800	Permanent Teeth ... 247
(4) Attendances made by children for Treatment .. 1787	Temporary Teeth ... 190
	Total 437

Table VI.—Uncleanliness and Verminous Conditions.

(i)	Average number of visits per school made during the year by the School Nurses	14
(ii)	Total number of Examinations of children in the Schools by School Nurses	10659
(iii)	Number of individual children found unclean	305
(iv)	Number of children cleansed under Section 87 (2) and (3) of the Education Act, 1921	3
(v)	Number of cases in which legal proceedings were taken :— (a) Under the Education Act, 1921... — (b) Under School Attendance Bye-Laws —	

Mental Deficiency (Notification of Children) Regulations, 1928.

Statement of the Number of Children Notified during the Year ended 31st December, 1937, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of Children Notified 1

Analysis of the above Total.

1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :-

		Boys.	Girls.
(a)	Idiots	0	0
(b)	Imbeciles	1	0
(c)	Others	0	0

- (ii) Children unable to be instructed in a Special School without detriment to the interests of other children :

(a)	Moral defectives	0	0
(b)	Others	0	0

2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 0 0
3. Feeble-minded children notified under Article 3, i.e., "special circumstances" cases... 0 0
4. Children who in addition to being mentally defective were blind or deaf 0 0

Grand Total	1	0
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